



PTO/SB/17 (12/99)

Approved for use through 09/30/2000. OMB 0651-0032

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NO FEE TRANSMITTAL for FY 2004 <i>Patent fees are subject to annual revision, Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 AND 1.28</i>		Complete if Known		
		Application Number	09/636,392	
		Filing Date	August 9, 2000	
		First Named Inventor	David Still, et al.	
		Examiner Name	HALIM, Sahera	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Group/Art Unit	2157
			Attorney Docket No.	50325-0114

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed. Deposit Account Number: 50-1302 Deposit Account Name: Hickman Palermo Truong & Becker, LLP		3. ADDITIONAL FEES			
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Fee Description			
3. Applicant(s) is entitled to small entity status. See 37 CFR 1.27.		Fee Paid			
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	Fee Description	Fee Paid	
1001 770		2001 385	Utility filing fee		
1002 340		2002 170	Design filing fee		
1003 530		2003 265	Plant filing fee		
1004 770		2004 385	Reissue filing fee		
1005 160		2005 80	Provisional filing fee		
SUBTOTAL (1)		(\$)		0.00	
2. EXTRA CLAIM FEES					
Total Claims		Highest Paid Claims	Extra Claims	Fee from Below	Fee Paid
22		-24=	0	18.00	0.00
Independent Claims		4	-4=	0	0.00
Multiple Dependent					
**or number previously paid, if greater; For Reissues, see below					
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	Fee Description		
1202 18		2202 9	Claims in excess of 20		
1201 86		2201 43	Independent claims in excess of 3		
1203 290		2203 145	Multiple dependent claim, if not paid		
1204 86		2204 43	**Reissue independent claims over original patent		
1205 18		2205 9	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)		(\$)		0.00	
SUBMITTED BY		*Reduced by Basic Filing Fee Paid			
Name (Print/Type)		Lesley Coulson Doveri		SUBTOTAL (3) (\$)	
Signature		Lesley Coulson Doveri		0.00	
Registration No. (Attorney/Agent)		46,642		Telephone	
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				Date	
				September 14, 2004	

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